



spookypi.co.uk

SPI PARANORMAL INVESTIGATION FIELD NOTES

Investigation Context & Observation Log

Record what you observe as accurately as possible before deciding what may have caused it.

Include relevant environmental conditions, timings and any checks carried out.

1 INVESTIGATION DETAILS

Venue / Location

Area / Room

Date

Session start

Session end

Investigator completing sheet

Others present

2 INITIAL CONDITIONS

Approx. temperature

Weather / external conditions

Lighting conditions

☐ Normal ☐ Low light ☐ Darkness ☐ Torch / investigation lighting ☐ Other

Doors / windows

☐ Open ☐ Closed ☐ Mixed / changed ☐ Not applicable

Known background sounds or disturbances

Examples: traffic, heating, pipes, people in other areas, animals, electrical equipment or outside activity.

3 BASELINE / KNOWN CONDITIONS

Anything important identified before the session began?

Examples: draughts, loose floorboards, reflective surfaces, recurring noises, electrical sources or objects likely to move.

4 SESSION CONTEXT

Investigation method / activity being used

Equipment currently in use



spookypi.co.uk

SPI PARANORMAL INVESTIGATION FIELD NOTES

Repeatable Observation Log

Venue / Location	Area / Room	Date	Log page

OBSERVATION	Time	
What did you see, hear, feel or notice?		
What was happening immediately beforehand?		
Who noticed it?	☐ Me only ☐ More than one ☐ Unsure	Names / initials
Possible ordinary explanation(s) considered		Check / test + result
Related material	☐ Audio ☐ Photo ☐ Video ☐ Reading ☐ Other ☐ None	File / evidence ref.

OBSERVATION	Time	
What did you see, hear, feel or notice?		
What was happening immediately beforehand?		
Who noticed it?	☐ Me only ☐ More than one ☐ Unsure	Names / initials
Possible ordinary explanation(s) considered		Check / test + result
Related material	☐ Audio ☐ Photo ☐ Video ☐ Reading ☐ Other ☐ None	File / evidence ref.

OBSERVATION	Time	
What did you see, hear, feel or notice?		
What was happening immediately beforehand?		
Who noticed it?	☐ Me only ☐ More than one ☐ Unsure	Names / initials
Possible ordinary explanation(s) considered		Check / test + result
Related material	☐ Audio ☐ Photo ☐ Video ☐ Reading ☐ Other ☐ None	File / evidence ref.

OBSERVATION	Time	
What did you see, hear, feel or notice?		
What was happening immediately beforehand?		
Who noticed it?	☐ Me only ☐ More than one ☐ Unsure	Names / initials
Possible ordinary explanation(s) considered		Check / test + result
Related material	☐ Audio ☐ Photo ☐ Video ☐ Reading ☐ Other ☐ None	File / evidence ref.